

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000034106 (0)

1. Corporation Name
MARUTI & MARUTI, INC.



Principal Place of Business

451 S CENTRAL AVE
LAKELAND FL 38801

Mailing Address

451 S CENTRAL AVE
LAKELAND FL 33815-4332

2. Principal Place of Business

21 101 HWY 17 SOUTH
Suite, Apt. #, etc.

22 City & State

23 ELOISE FL.

24 Zip 33880 25 Country

2a. Mailing Address

26 101 HWY 17 SOUTH
Suite, Apt. #, etc.

27 City & State

28 ELOISE FL.

29 Zip 33880 30 Country

3. Date Incorporated or Qualified

04/16/1996

3a. Date of Last Report

4. FEI Number

59-3373388

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PATEL, MAULIK K
451 S CENTRAL AVE
LAKELAND FL 38801

10. Name and Address of New Registered Agent

81 Name PATEL MAULIK K

82 Street Address (P.O. Box Number is Not Acceptable)
101 HWY 17 SOUTH

83

84 City ELOISE

FL

85 Zip Code 33880

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Heb Patel MAULIK K PATEL

Signature of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

4-10-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PATEL, MAULIK K
STREET ADDRESS 451 S CENTRAL AVE
CITY-ST-ZIP LAKELAND FL 38801 ☐ DELETE

TITLE STD
NAME PATEL, MONA B
STREET ADDRESS 451 S CENTRAL AVE
CITY-ST-ZIP LAKELAND FL 38801 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME PATEL MAULIK K
1.3 STREET ADDRESS 101 HWY 17 SOUTH
1.4 CITY-ST-ZIP ELOISE FL. 33880

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME PATEL MONA B
2.3 STREET ADDRESS 101 HWY 17 SOUTH
2.4 CITY-ST-ZIP ELOISE FL. 33880

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

MAULIK K PATEL

4-10-97

CR2E034 (9/96)